

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	1998.433 US-3
		Application Number	
Title of Invention		IMPROVED GROWTH STIMULANT COMPOSITIONS	
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

## Secrecy Order 37 CFR 5.2

<input type="checkbox"/> Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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## Applicant Information:

<b>Applicant 1</b>				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Chung		Shih	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Sandy	State/Province	UT	Country of Residence <sup>i</sup> US
Citizenship under 37 CFR 1.41(b) <sup>i</sup>		US		
Mailing Address of Applicant:				
Address 1		2798 E. Amberwick Lane		
Address 2				
City	Sandy	State/Province	UT	
Postal Code		84093	Country <sup>i</sup>	US
<b>Applicant 2</b>				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Thomas	J.	Kennedy	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Waunakee	State/Province	WI	Country of Residence <sup>i</sup> US
Citizenship under 37 CFR 1.41(b) <sup>i</sup>		US		
Mailing Address of Applicant:				
Address 1		5492 Kennedy Drive		
Address 2				
City	Waunakee	State/Province	WI	
Postal Code		53597	Country <sup>i</sup>	US
<b>Applicant 3</b>				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Peter	James	Knight	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Stewartsville	State/Province	NJ	Country of Residence <sup>i</sup> US

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<b>Citizenship under 37 CFR 1.41(b)</b>		GB		
<b>Mailing Address of Applicant:</b>				
Address 1		1826 Gary Road		
Address 2				
City	Warren		State/Province	NJ
Postal Code	08886		Country	US
<b>Applicant 4</b>				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name		Middle Name	Family Name
	Daniel		S.	Robins
<b>Residence Information (Select One)</b> <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	New York		State/Province	NY
<b>Citizenship under 37 CFR 1.41(b)</b>		US		
<b>Mailing Address of Applicant:</b>				
Address 1		77 E. 12th Street, Apt. 3B		
Address 2				
City	New York		State/Province	NY
Postal Code	10003-5003		Country	US
<b>Applicant 5</b>				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name		Middle Name	Family Name
	Zezhi		Jesse	Shao
<b>Residence Information (Select One)</b> <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Basking Ridge		State/Province	NJ
<b>Citizenship under 37 CFR 1.41(b)</b>		US		
<b>Mailing Address of Applicant:</b>				
Address 1		68 Patriot Hill Drive		
Address 2				
City	Basking Ridge		State/Province	NJ
Postal Code	07920		Country	US
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the <b>Add</b> button.				

### Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence Information of this application.	
Customer Number	31846

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

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Title of Invention	IMPROVED GROWTH STIMULANT COMPOSITIONS		
Email Address			<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

## Application Information:

Title of the Invention	IMPROVED GROWTH STIMULANT COMPOSITIONS		
Attorney Docket Number	1998.433 US-3	Small Entity Status Claimed <input type="checkbox"/>	
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)			Sub Class (if any)
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

## Publication Information:

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<b>Request Not to Publish.</b> I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

## Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	31846		

## Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status		<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	non provisional of	60/107056	1998-11-04
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

## Foreign Priority Information:

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

[Remove](#)

Application Number	Country <sup>i</sup>	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the Add button.

### Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

#### Assignee 1

If the Assignee is an Organization check here.

Organization Name	Schering-Plough Animal Health Corporation
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#### Mailing Address Information:

Address 1	556 Morris Avenue		
Address 2			
City	Summit	State/Province	NJ
Country <sup>i</sup>	US	Postal Code	07901
Phone Number		Fax Number	
Email Address			

#### Assignee 2

If the Assignee is an Organization check here.

Organization Name	Schering-Plough LTD.
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#### Mailing Address Information:

Address 1	Weystrasse 20		
Address 2	P.O. Box CH-6000		
City	Lucerne 6	State/Province	
Country <sup>i</sup>	CH	Postal Code	
Phone Number		Fax Number	
Email Address			

#### Assignee 3

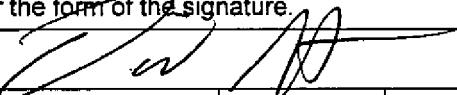
If the Assignee is an Organization check here.

Organization Name	Schering-Plough PTY. Limited
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<b>Mailing Address Information:</b>				
Address 1		11 Gibbon Road		
Address 2		Baulkham Hills		
City		New South Wales	State/Province	
Country	AU		Postal Code	2153
Phone Number			Fax Number	
Email Address				
Additional Assignee Data may be generated within this form by selecting the <b>Add</b> button.				

### Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature			Date (YYYY-MM-DD)	2008-11-25	
First Name	David	Last Name	Gryte	Registration Number	41809

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.